

# ORGANIZATION APPLICATION FORM 5

All applicants should read the guideline instructions to correctly complete this application. Neatly handwrite or type in 12-point. Fill in all questions and fields. Answer required narrative questions and complete the checklist.

**Applicant/Organization** (official IRS name) \_\_\_\_\_

Contact Name and Title \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_ County \_\_\_\_\_

Phone Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_ Web site \_\_\_\_\_

☐ New address or ☐ phone number.

☐ Applicant is acting as a Fiscal Agent (see page 6)

Applicant is applying in the area of ☐ Visual Arts ☐ Performing Arts ☐ Literature ☐ Media Arts

☐ Local Arts Council ☐ Other \_\_\_\_\_

## GRANT PROGRAM (Check the appropriate box below)

☐ Public Programs in the Arts (PPA)

☐ Entry Track

☐ QuickFund\$ QuickProject

☐ QuickFund\$ Technical Assistance

Amount requested (Up to \$1,500 for QuickFund\$) \_\_\_\_\_

Period of support requested ..... Start Date \_\_\_\_\_ End Date \_\_\_\_\_

(QuickFund\$ Projects cannot begin until 3 weeks after deadline.)

Public Art & Cultural Facilities  
(Suspended until further notice)

☐ Public Art  
☐ Feasibility Study

☐ Capital Expenditure  
☐ Renovation/Construction

◆ U.S. Congressional District 1 ☐ OR District 2 ☐ ◆ Idaho State Legislative District \_\_\_\_\_

Is yours a nonprofit organization? ☐ no ☐ yes (include IRS tax determination)

Number of years doing business in Idaho \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_ (required)

QuickFund\$ applicants write a short summary of this project in the space below.

## Budget Summary

Fiscal Year Start Date \_\_\_\_\_ Fiscal Year End Date \_\_\_\_\_

Annual Operating Budget of Organization \_\_\_\_\_

QuickFund\$, Public Art & Cultural Facilities applicants include: Total Project Revenues \$ \_\_\_\_\_

Total Project Expenses \$ \_\_\_\_\_

If you have received a grant, did you submit the required final report? ☐ yes ☐ no

*Authorizing Signatures* - I certify that the information contained in this application, including attachments and support materials, is true and correct to the best of my knowledge. I have read and agree to comply with the *Legal Requirements* of accepting this grant.

\_\_\_\_\_  
Authorized Staff/Project Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorizing Official (person able to legally obligate the applicant)

\_\_\_\_\_  
Date